

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

740

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Hidalgo Don P.  
Last First MI

2. BUSINESS PHONE 225-927-0160  
Area Code and Phone Number

3. BUSINESS ADDRESS 4637 Jamestown Ave. Baton Rouge LA 70808  
Street and No. City State Zip

MAILING ADDRESS Same  
Street and No. City State Zip

4. EMPLOYER Health Associates, LLC

5. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Association of Substance Abuse Counselors

Address P.O. Box 80235, Baton Rouge, LA 70898

Business or purpose Professional Trade Organization

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

## FOR OFFICE USE ONLY

Postmark Date: 1-25-01

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ETHICS ADMINISTRATION  
CAMPAIGN FINANCE  
RECEIVED

HAND DELIVERED

# LOBBYING REGISTRATION FORM

7408
Lobbyist's Registration Number

2. Name Choices of Louisiana  
Address 141 Woodland Dr., LaPlace, LA 70068  
Business or purpose Methadone Rehabilitation Clinic  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
3. Name Louisiana Association on Compulsive Gambling  
Address 2000 Fairfield Ave., Shreveport, LA 71104  
Business or purpose Professional Trade Organization  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_
4. Name Health Associates, LLC  
Address 4637 Jamestown Ave., Baton Rouge, LA 70808  
Business or purpose Behavioral Healthcare Organization  
Does this person pay you? Yes  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
\_\_\_\_\_  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

**SUPPLEMENTAL REGISTRATION FORM**

740  
**Lobbyist's Registration Number**

2. Name Center for Behavioral Health, Inc.

Address 1303 Line Ave. - #600, Shreveport, LA 71101

Business or Purpose Methadone Rehabilitation Clinic

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name Hidalgo Health Associates

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or Purpose Employee Assistance Consultants

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

**CERTIFICATION OF ACCURACY**

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Signature of Lobbyist

**SUPPLEMENTAL REGISTRATION FORM**

740  
**Lobbyist's Registration Number**

2. Name Health Associates of America

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or Purpose Utilization Review Organization

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name Independent Medical Appeals

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or Purpose Medical Necessity Review Organization

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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\_\_\_\_\_  
Signature of Lobbyist

**SUPPLEMENTAL REGISTRATION FORM**

740  
**Lobbyist's Registration Number**

2. Name Choices of Louisiana - Alexandria

Address 141 Woodland Dr., LaPlace, LA 70068

Business or Purpose Methadone Rehabilitation Clinic

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name Certified Employee Assistance Professionals (CEAP) - Acadiana Chapter

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or Purpose Certified Employee Assistance Professionals

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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Signature of Lobbyist

**SUPPLEMENTAL REGISTRATION FORM**

740  
**Lobbyist's Registration Number**

2. Name Certified Employee Assistance Professionals (CEAP) - Northwest Chapter

Address 4637 Jamestown Ave., Baton Rouge, LA 70808

Business or Purpose Certified Employee Assistance Professionals

☐ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or Purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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Signature of Lobbyist